MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

09913

Reg. Dist. No. 6463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, Institution, or street address where death occurred: Jonestown

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Jonestown
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: William T. Albert

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife: Eleanor Albert

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): December 12, 1879

8. AGE:

Years	Months	Days	If less than one day
65	10	17	... hrs. ... min.

9. Birthplace: Queen Anne County, Maryland
(Town, county, and state)

10. Usual occupation: Clergyman

11. Industry or business: A. M. E. Church

FATHER
12. Name: Joseph Albert
13. Birthplace: Queen Anne County, Maryland

MOTHER
14. Maiden name: Julia Mason
15. Birthplace: Queen Anne County, Maryland

16. Informant: Norman R. Albert
Address: Preston, Maryland R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 1 1945 (month) (day) (year)

Cemetery or crematory: Roseville Cemetery

Location: Near Bridgetown, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. October 31 1945 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 29 1945 at 3:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1945 to Oct. 29 1945 and that I last saw him alive on July 16 1945

	DURATION
Immediate cause of death: Epilepsis	45 Min.
Due to:	
Due to:	
Other conditions: Chronic nephritis and Hypertension	4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Paul Watts M D
M. D. or other

Address: Denton Md Date signed 10/31/45

09314

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BD)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 64 62

1. PLACE OF DEATH:

County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 1/2 months

Hospital, Institution, or street address where death occurred:

208 North 6th Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 208 North 6th Street

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Eugene Carman

3.(b) Social Security Number 218-20-8907

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age —

7. Birth date of deceased (mo., day, yr.) February 27, 1874

8. AGE:

Years	Months	Days	If less than one day
71	7	25	....hrs. ....min.

9. Birthplace Brooklyn, New York

(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Pet Milk Plant

FATHER 12. Name Charles P. Carman

13. Birthplace Springfield - N. Y.

MOTHER 14. Maiden name Josephine Haree

15. Birthplace Red Bank, New Jersey

16. Informant George F. Carman

Address 176-19-137 Ave. Springfield, N.Y.

17. burial (Burial, cremation, or removal. Which?) Date thereof October 25 1945 (month) (day) (year)

Cemetery or crematory Hill-Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director S.S. Framptom & Son

Address Federalsburg, Md.

19. October 24 1945 (Date rec'd by registrar) S.S. Framptom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1945, at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21 1945, to October 22 1945

and that I last saw him alive on October 21 1945

	DURATION
Immediate cause of death arteriosclerotic heart disease	3 years
Due to general arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L Paul Trotts M.D. M. D. or other

Address Denton Md. Date signed 10/23/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54)

09915

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Harry S Clarke

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Widower

6.(b) Name of husband or wife: Clara Beauchamp Clarke
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 24th 1878

8. AGE: Years: 67 | Months: 1 | Days: 2. | If less than one day: hrs. min.

9. Birthplace: Texas Denton Texas County
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business:

FATHER
12. Name: Robert Clarke
13. Birthplace: Maryland

MOTHER
14. Maiden name: Eunice Williams
15. Birthplace: Maryland

16. Informant: Robert Clarke (Son)
Address: Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-3-45 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton Maryland

18. Funeral director: J. Virgil Thawley
Address: Denton Md

19. 10/3 1945 (Date rec'd by registrar) Mrs A Yerger Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1 1945 at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 1929 to October 1 1945
and that I last saw him alive on Sept 30 1945

Immediate cause of death	DURATION
Spinal tumor	13 mo.
Malignant Primary in spinal cords	
Due to mid-lumbar region. Cause	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E Paul Kurtz MD
M. D. or other
Address: Denton Md Date signed 10/2/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09916

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Caroline

City or town: Preston (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R. R. #1

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: MICHAEL A. EBERT

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Margaret Ebert

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 9, 1877

8. AGE: Years	Months	Days	If less than one day
68	2	9	hrs. ..... min.

9. Birthplace: Baltimore County Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farming & Canning

FATHER 12. Name: Casper Ebert

13. Birthplace: Germany

MOTHER 14. Maiden name: Elizabeth Wifkelman

15. Birthplace: Baltimore, Md.

16. Informant: Frank L. Hessler

Address: Preston, Md. R. R. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 22, 1945 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Baltimore, Md.

18. Funeral director: R. Ellis Clark

Address: Easton, Md.

19. 10/19 (Date rec'd by registrar) 19 45 N. L. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 18 19 45 at 2:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18 1945, to October 18 1945 and that I last saw h— alive on Dec. died, 19

Immediate cause of death	DURATION
Coronary Occlusion	20 minutes
(From History)	
Due to: Arteriosclerosis	
(Seen for Coronary Thrombosis)	
Due to: On her own out of Town —	
no evidence to suggest this.	
Other conditions: Autopsy.	

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

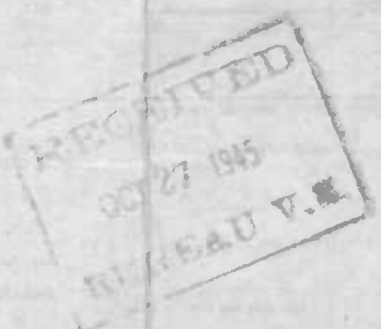
Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Frank L. Hessler M. D. or other

Address: Preston, Md. Date signed 10/19/45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OCT 27 1945
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09917

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline.
City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution? Stewards Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline.
City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3.(a) FULL NAME Gertrude E. Evans.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed.

6.(b) Name of husband or wife: James Evans
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Nov 1, 1889

8. AGE: Years	Months	Days	If less than one day
56			..... hrs. ..... min.

9. Birthplace: Ridgeland, (Town, county, and state)
10. Usual occupation: Housework.
11. Industry or business

MOTHER
12. Name: No Record.
13. Birthplace: No Record.

FATHER
14. Maiden name: No Record.
15. Birthplace: No Record.

16. Informant: Stewards Hospital
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 22. 1945. (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery
Location: Washington D. C.
16. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. Oct 22 1945 L. Mae Leppin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20 1945 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15, 1945, to Oct 20 1945
and that I last saw her alive on Oct 20 1945.

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 da.
Hemiplegia	
Due to: Cardiac Renal Disease	5 yrs.
& Hypertension	
Due to:	
Other conditions: Diabetes.	5 yr.

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Geo. W. Saunders M.D.
M. D. or Coroner
Address: Greensboro Md. Date signed: Oct 20 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

09918

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Martha George

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: John A. George

6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): June 4th 1863

8. AGE: Years	Months	Days	If less than one day
82	5	10	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business

FATHER 12. Name: John H. Carroll

13. Birthplace: Maryland

MOTHER 14. Maiden name: Mary Carroll

15. Birthplace: Maryland

16. Informant: Mrs. Mary Kinnamon

Address: Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-21-45 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: C. Virgil Moore & Son

Address: Denton Md.

19. Oct 21 1945 M D Ford (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18th 1945, at 11:10a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 18 1945, to Oct. 18 1945

and that I last saw h[illegible] alive on Oct 12 1945

Immediate cause of death	DURATION
Cha. Myocarditis	5 hrs.
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Walter B. Johnson M.D.
M. D. or other

Address: Denton Md. Date signed 10-20-45

Evidence for the change of age is shown on Film # G99 11-14-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

09919 Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 Years
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lewis Hammer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1887 ~~1887~~ 1887

8. AGE: Years 58 | Months 2 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace New Ridgely Caroline Md
(Town, county, and state)

10. Usual occupation Sab. Station attendant

11. Industry or business

FATHER 12. Name Jacob F. Hammer

13. Birthplace Germany

MOTHER 14. Maiden name Katherine Kahnman

15. Birthplace Germany

16. Informant John F. Hammer Jr.

Address R.F.D. Ridgely Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-29-45 (month) (day) (year)

Cemetery or crematory Hall Grove Cemetery

Location Near Denton

18. Funeral director J. Virgil Lawson & Son

Address Denton

19. Oct 29 1945 (Date rec'd by registrar) J. D. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1945, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____

and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Brain Hemorrhage —	
Due to Congested Lungs	Hours
Due to Burned over Electric	
Body — accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/27/45

Where did injury occur? Ridgely (City or town) Caroline (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Burns to death Injured at work? 10/27/45

23. SIGNATURE Lawson & Tease Co. M. D. or other

Address Denton Md Date signed 10/29/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

09920

CERTIFICATE OF DEATH

Reg. Diat. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: George Hays.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widower.

6.(b) Name of husband or wife: Harriet Hays

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 18, 1868

8. AGE: Years	Months	Days	If less than one day
77 80			hrs. min.

9. Birthplace: Queen Anne Co Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: John Hays
13. Birthplace: Md

MOTHER — 14. Maiden name: Creta Foster
15. Birthplace: Md.

16. Informant: Pearl Oakley
Address: 224 Townsend St Chester Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 24, 45 (month) (day) (year)

Cemetery or crematory: Grasonville Md

Location: " "

16. Funeral director: Raymond B Rawlings
Address: Queenstown Md.

19. Oct 22 19 45 (Date rec'd by registrar) J D Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 19 19 45, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 19 45 to Oct. 17 19 45 and that I last saw h. alive on Oct 17 19 45

Immediate cause of death	DURATION
Coronary Thrombosis	3 wks
Due to Arteriosclerosis	5
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. L. Smack M.D.
M. D. or other
Address: Denton Md. Date signed: 10-22-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09921

Reg. Dist. No. 67

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Denton Rd.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William Liden

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	married.

6.(b) Name of husband or wife: Lottie Liden

6.(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Apr. 27th 1891

8. AGE: Years	Months	Days	If less than one day
54	5	20	hrs. min.

9. Birthplace: Caroline County, Maryland. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Willis Liden

13. Birthplace: Maryland

MOTHER 14. Maiden name: Martha Noble

15. Birthplace: Maryland.

16. Informant: Mrs. Liden

Address: Rd. Denton Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 10-21-45 (month) (day) (year)

Cemetery or crematory: Concord Cemetery

Location: Near Denton

18. Funeral director: J. Virgil Mason & Son

Address: Denton Md.

19. Oct 20 1945 (Date rec'd by registrar) M. S. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18th 1945, at 1:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 17 1945, to October 18 1945

and that I last saw h alive on October 17 1945

Immediate cause of death	DURATION
Myocardial failure	2 hrs.
Due to: Chronic rheumatic endocarditis	14 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Travers M.D. M. D. or other

Address: Denton Md Date signed 10/20/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13Fa)

CERTIFICATE OF DEATH

Reg. Dist. No. 09962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: West Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: W. Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Grant Roe

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 7 1864

8. AGE: Years: 80 | Months: 11 | Days: 22 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Near Denton Caroline (Town, county, and state)
10. Usual occupation: Engineer
11. Industry or business:
FATHER 12. Name: Thomas Roe
13. Birthplace: Maryland
MOTHER 14. Maiden name: Roberta Elizabeth Steele
15. Birthplace: Maryland
16. Informant: Mrs. Clarence Roe
Address: Denton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-7-45 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton Maryland
18. Funeral director: J. Virgil Westcoat
Address: Denton Md.
19. Oct 5 1945 (Date rec'd by registrar) Wm. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 4 1945 at 7 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June Oct 4 42 1945, to Oct 4 1945
and that I last saw him alive on Oct 4 1945

Immediate cause of death	DURATION
Due to: Cardio Vascular Renal disease	10 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Wm. D. George M. D. or other
Address: Denton Date signed 10/5/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 0923 6123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6½ years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME James Thomas Roe.

3. (b) Social Security Number 717-07-9044

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widowed

6.(b) Name of husband or wife: Lulie Tubbell
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 16. 1883

8. AGE: Years	Months	Days	If less than one day
62	4	24	hrs. min.

9. Birthplace: Greensboro Md
(Town, county, and state)
10. Usual occupation: Truck-man
11. Industry or business: Railroad.

FATHER
12. Name: Thomas Fred Roe
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Emma Loftman
15. Birthplace: Md.

16. Informant: Mrs. Lizzie Roe
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal — which?) Date thereof Oct. 14. 47 (month) (day) (year)
Cemetery or crematory: Greensboro.
Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. Oct. 12 1945 L. MacLippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 80

20. DATE OF DEATH: Oct 10 1945 at 6 a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 6 1941 to Oct 10 1945
and that I last saw him alive on Oct 10, 1945

Immediate cause of death	DURATION
Arterio Sclerosis	
Cerebro Vascular Disease	5 Yrs.
Due to	
Due to	
Other conditions Chr. Nephritis	
Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. T. Stevenson M.D.
M. D. or other
Address: Queen Anne Md Date signed: 10-12-45

STATE OF MARYLAND—CERTIFICATE OF DEATH 09924

(50)

1. PLACE OF DEATH

County Caroline Registration Dist. No. 66

Village or City Ridgely No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 35 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZA PARROT SWING If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David H. Swing

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. At Home

10. Date daceasad last worked at this occupation (month and year)

11. Total tima (years) spant in this occupation Life

12. BIRTHPLACE (city or town) (Stata or country) Easton, Md.

FATHER

13. NAME John N. Thompson

14. BIRTHPLACE (city or town) (Stata or country) Virginia

MOTHER

15. MAIDEN NAME Henrietta Swainscott

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Emily D Mason

(Address) Easton, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Easton, Md. Date Oct. 7, 1945

19. UNDERTAKER E. Ellis Clark

(Address) Easton Md.

20. FILED Oct 7, 1945 J D Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 5 (Day) 45 (Year), 193

22. I HEREBY CERTIFY, That I attended deceased from 1926, to October 5, 1945

I last saw h. alive on October 5, 1945; death is seid to have occurred on the data stated above, at 9:30 p.m.

The **PRINCIPAL CAUSE OF DEATH** end related causes of importance were es follows:

	Date of onset
Arteriosclerosis	1940

Other **Contributory Causes** of importanca:

Recurrent Carcinoma of breast.

Name of operetion Mastectomy Date of 1942

What test confirmed diagnosis? Microscopy Was there en autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Curtis Tuttle M. D.

(Address) Easton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21218)

09925

CERTIFICATE OF DEATH

★ Reg. Dist. No. 60

1. PLACE OF DEATH:

County: Caroline

City or town: Henderson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1-yr. 5-mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Henderson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ella Thornton.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female.	White	Married

6.(b) Name of husband ~~or wife~~ Rev. John H. Thornton

6.(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Sept. 7th 1867

8. AGE:

Years	Months	Days	If less than one day
78	1	18	....hrs. ....min.

8. Birthplace: Kent County, Maryland

(Town, county, and state)

10. Usual occupation: House-work

11. Industry or business: Own Home.

FATHER

12. Name: Edwin Wiggins.

13. Birthplace: Queen Anne's Co. Md.

MOTHER

14. Maiden name: Sallie Glandon

15. Birthplace: Queen Anne Co. Md

16. Informant: Rev. John H. Thornton

Address: Henderson, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29th 1945 (month) (day) (year)

Cemetery or crematory: Silverbrook Cemetery

Location: Wilmington, Del

18. Funeral director: G. G. Hamilton & Son

Address: Federalsburg, Md.

Oct 25 1945 (Date rec'd by registrar) C. A. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25th 1945, at 4-25-P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 45, to 10/24 1945

and that I last saw h[illegible] alive on 10/24 1945

Immediate cause of death	DURATION
Cephalhaem	
Due to Cardio-Renal Vascular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. D. Glenn M. D. or other

Address 10/20 Goldsboro Md Date signed 10-25-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

09926

CERTIFICATE OF DEATH

★ Reg. Diat. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro Rural.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Robert Warner

3. (b) Social Security Number 218-03-8604

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6.(b) Name of husband or wife: Maude Hubbard

6.(c) If alive, give age: 86 years

7. Birth date of deceased (mo., day, yr.): 1892

8. AGE: Years	Months	Days	If less than one day
53			hrs. min.

9. Birthplace: Greensboro Caroline Md

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm.

FATHER

12. Name: Harmon Warner

13. Birthplace: Md.

MOTHER

14. Maiden name: Mary Mace

15. Birthplace: Md.

16. Informant: Maude Hubbard.

Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 1, 1945 (month) (day) (year)

Cemetery or crematory: Corkers. Rural.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Nov 1st 1945 (Date rec'd by registrar) L. MacPhail Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 30 1945, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 29 1945 to Oct 30 1945 and that I last saw him alive on Oct 29 1945

Immediate cause of death	DURATION
Angina Pectoris	
Due to Coronary Occlusion	
Due to Chronic Myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Clark H. Stevens M.D.

M. D. or Coroner

Address: Greensboro Md. Date signed: Oct 31 1945